Catawba Hospital Catawba, Virginia

Snapshot Inspection June 17,1999

Office of the Inspector General

FACILITY: CATAWBA HOSPITAL

DATE OF INSPECTION: SATURDAY, JUNE 19, 1999

TIME: 1:30 P.M.

TYPE OF INSPECTION: Unannounced Snapshot Inspection

PURPOSE OF INSPECTION: Review general conditions of Facility as well as staffing and general activities of patients on weekends.

1. GENERAL CONDITIONS:

1.1 FINDING: Catawba hospital was quiet, clean and comfortable.

BACKGROUND: Each of the active treatment units was observed. The units were quiet, clean and in good condition. The temperature of the units was appropriate and the patients seemed comfortable, well attended to and well groomed.

When I first walked up to the front door of Catawba, I was greeted the by the operator who appropriately questioned my credentials and immediately paged the charge nurse. Grounds outside of the hospital were also well maintained. A number of patients were outside on the grounds on walks.

RECOMMENDATION: Continue current facility maintenance.

2. STAFFING:

2.1 FINDING: Adequate staffing was present on all units.

BACKGROUND: Each of the units was reviewed with the assistance of the Nursing Supervisor, as well as Assistant Director to Catawba Hospital. On the seventh floor, which is the geriatric admission unit, there were nineteen patients present. There was one Registered Nurse (RN) and two Psychiatric Practical Nurses (PPN) present for that shift as well as three psychiatric aides. One patient required one to one supervision and was properly supervised by one staff sitting outside of the patient's room where patient could be directly visualized.

The Sixth floor, which is the ongoing geriatric unit, had a total census of 21 patients. For these patients there were three Registered Nurses and four psychiatric aides present.

The third floor, which contains geriatric patients and longer-term adult patients, had a total census of 22 patients. For this number of patients there was one Registered Nurse present, one PPN and four psychiatric aides. There was no one to one required on this floor at this time.

On the second floor which is the adult admission unit there were 22 patients with one additional patient being admitted. For this number of patients staff present included one Registered Nurse, one PPN and four psychiatric aides.

Staff in general was pleasant and professional in appearance and conduct. The majority of staff were engaged in activities or on the floors working with patients directly. They were not clustered in the nursing station, etc.

RECOMMENDATION: None for staffing per se, however with this many staff present, perhaps more obvious organized therapeutic activity could be undertaken (see comments re: finding 3.1)

2.2 FINDING: Medical Officer of the Day and Administrator Officer of the Day responded in less than one minute of their page.

BACKGROUND: This is a good response time.

RECOMMENDATION: None.

3. PATIENT ACTIVITY

3.1 FINDING: There were activities planned although somewhat minimal for each of the units.

BACKGROUND: Patients were generally content and quiet. Many of the geriatric patients at this time of day were napping. On this Saturday afternoon each of the units seemed to have at least one event planned for the patients. The events planned for the acute adult admissions unit

included an outing and a movie. Clearly it is a part of the rhythm of community life to have less structured time on the weekends. Likewise it is not inappropriate for a psychiatric hospital to offer different programming on weekend vs. weekdays. Overall it would be more helpful to the patients if each of the activities scheduled had a therapeutic angle to it. For instance, reviewing a movie could be followed by a very brief (30 minute) discussion whereby staff would review contents of the movie which may have some meaning to the lives of patients involved. Additional to this if not already done it may be helpful to have a library of movies relating to relevant topics that could be recommended for patients as a part of their active treatment.

Other than organized therapeutic activities, patients could be encouraged to spend time over the weekend engaged in self directed therapeutic activity. This could include items directed by a treatment plan such as discharge planning with family, practicing social skills, 1:1 mini sessions with direct care staff, etc.

Family members were visiting a number of patients. Apparently it is quite common at this facility for family members to visit particularly on weekends. As this is a population that many times is estranged from families, it is a credit to the institution that family feel comfortable enough with the facility and its staff to visit often.

RECOMMENDATION:

Sharpen up weekend activities so that each patient had a goal of exposure to at least two hours of active treatment (organized or individual) per day that is compatible with the treatment plan goals for that patient.